



**DATA PROCESSING QUESTIONNAIRE**  
**NORTH DAKOTA INSURANCE DEPARTMENT**  
SFN 4792 (Rev. 11-2003)

Corporate Name of Company			
Federal Employers' Identification Number *			SEE INSTRUCTIONS BELOW
NAIC Company Code Number **			
Mailing Address (if different)			Telephone Number
City	State	Zip Code	Toll Free Number
Home Office Address			FAX Number (Optional)
City	State	Zip Code	
Administrative Office Address			
City	State	Zip Code	
Premium Tax Address (If different from mailing address)			
City	State	Zip Code	
Renewal of Certificate of Authority/Annual Statement Packet Address			
City	State	Zip Code	
Contact Person			
Appointment Renewal (If different from mailing address)			
City	State	Zip Code	
State in Which Incorporated or Organized			

\* **Federal Employer's Identification Number:** The number the company uses to report withholding taxes to the Internal Revenue Service. This number is used to avoid assigning an additional identification number to your company.

\*\* **THIS NUMBER MUST ALSO BE SHOWN ON ALL AGENTS' LICENSE REQUISITION FORMS.**